Neighborhood Mismatch: Examining Mental Health Service Access for Youth Through Proximal Distance

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#### Introduction

\*This research examines proximal access to mental health services for youth, emphasizing a neighborhood research approach while utilizing census data and spatial analysis techniques.

### Purpose

- \*The purpose of this paper is to elucidate the physical barriers facing youth in accessing needed mental health services.
- Findings are intended to inform the importance of need based resource placement.

## Implications for Social Work

- \*The use of GIS and related spatial analysis techniques are currently underutilized in the field of Social Work.
- The usefulness of this approach and the interdisciplinary activities of both practitioners and researchers will realize success for underserved populations.

#### Rationale

- This study is motivated by previous research that has suggested that socioeconomic status and neighborhoods affect the well-being of children and youth (Aneshensel & Sucoff, 1996; Brooks-Gunn, et al., 1993; Brooks-Gunn, et al., 1997; Eamon, 2002).
- The importance of further elucidating these neighborhood affects lies in the fact that youth with mental illness continue to be an underrepresented population in both service provision and research agendas.

\*\*The Surgeon General's National Action Agenda on Children cites the lack of research in this area as being a huge barrier to the proper treatment of emotionally disturbed children and youth (U.S. Public Health Service, 2001).

\*It is hoped that this study will contribute to the current knowledge base in this field.

## Demand Hypotheses

- 1. Poor neighborhoods will reflect greater demands for mental health services.
- Null= There will be no relationships between neighborhood income and demands for mental health services.
- 2. Transient neighborhoods will reflect greater demands for mental health services.
- \*\* Null= There will be no relationships between residential tenure and demands for mental health services
- 3. Demands for mental health services will increase with the concentration of populations who hold minority status.
- Null= There will be no relationships between demands for mental health services and the concentration of populations who hold minority status.

## Access Hypotheses

Mental health services will be more concentrated in areas of greatest demand.

Null= There is no relationship between the concentration of mental health services and the demand for mental health services.

### Research Questions

- How does neighborhood context influence access to mental health care services for children and youth?
- How do these youth negotiate the tensions of obtaining services if they are not proximal in their neighborhoods?
- \*\* How are decisions made about where services for this population are located?
- Do neighborhoods with higher levels of distress provide adequate mental health care services to combat the emotional problems that may arise as a result of psychosocial stressors?

### Theory

- In addition to the theoretical foundation cited in the rationale, it is also indicated that characteristics including income, residential tenure, and race/ethnicity impact neighborhood stressors (Sampson, 2000).
- \*\*These stressors are seen as influencing levels of psychosocial distress which call for the need of mental health services (Aneshensel & Sucoff, 1996; Brooks- Gunn, et al., 1993; Brooks- Gunn, et al., 1997; Eamon, 2002).

#### Theoretical Model

- \* The model upon which demand and access hypotheses are based is one of conflict theory.
- It is proposed that elites segregate and allocate fewer services and resources to disadvantaged neighborhoods and groups which leads to further segregation and concentration of poor and affects the quality and availability of services in those neighborhoods. These factors, in turn, have an impact on levels of both social and human capital, influencing outcomes for youth.

#### Research Methods

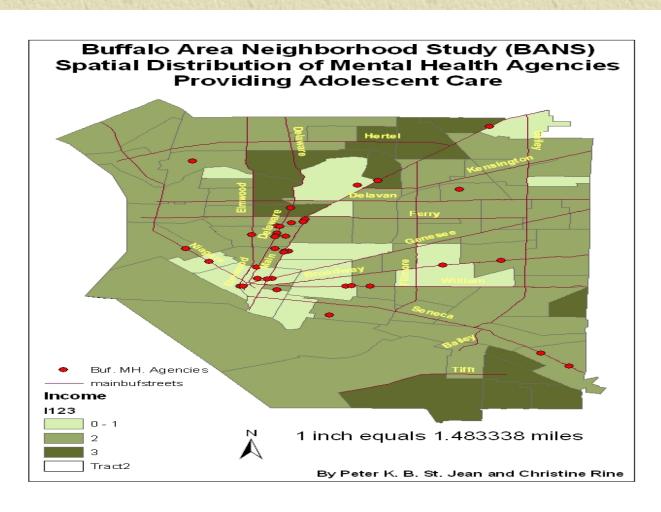
- Research questions are addressed by assessing the differences in proximal distance between census tracts and locations of mental health services for youth.
- The aim of this analysis was to identify how at-risk neighborhoods (defined by low income, low residential tenure, and a high concentration of minority residents) appear mismatched in terms of proximal access to mental health care services for youth.
- From this, the current existing mental health care service locations can be visually and statistically compared and contrasted to a more ideal proximal dispersion of mental health care service locations for this population.

# Demand Hypothesis 1

★ Poor neighborhoods will reflect greater demands for mental health services.

What did we find?

### Income

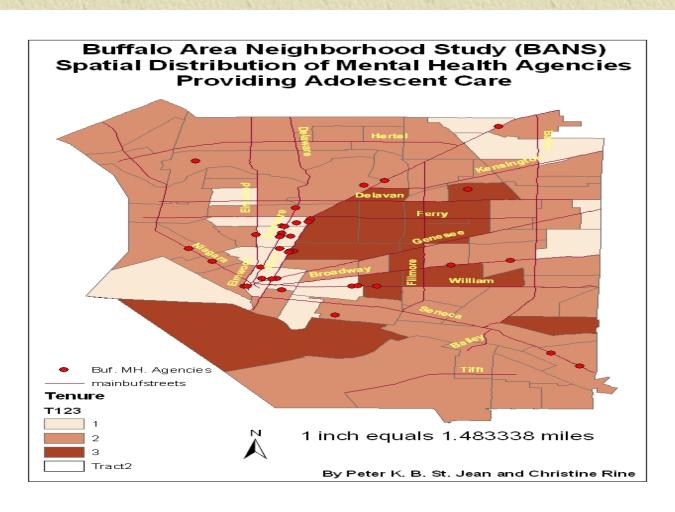


# Demand Hypothesis 2

\*\*Transient neighborhoods will reflect greater demands for mental health services.

What did we find?

### Tenure

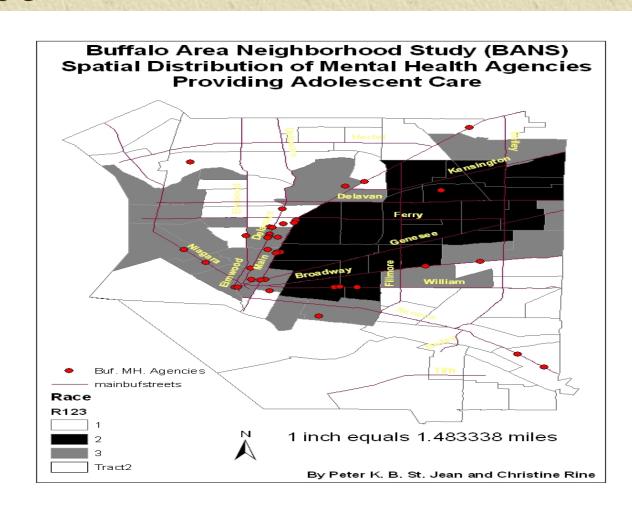


## Demand Hypothesis 3

➤ Demands for mental health services will increase with the concentration of populations who hold minority status.

What did we find?

### Race

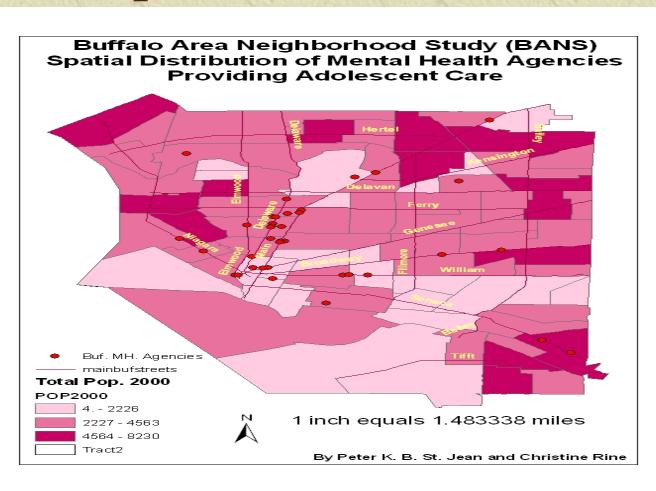


# Access Hypothesis 1

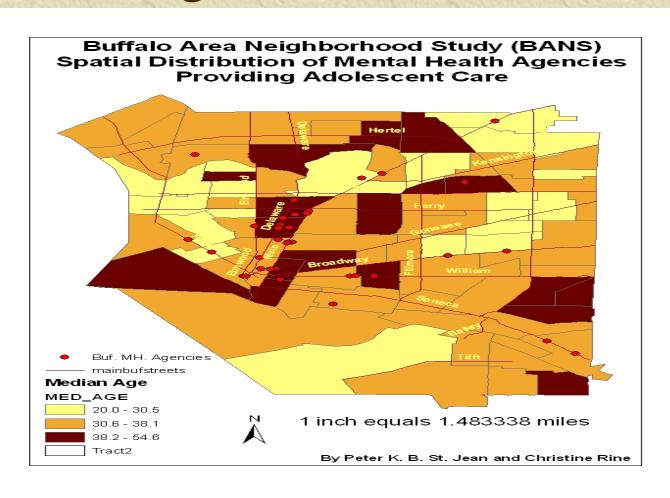
Mental health services will be more concentrated in areas of greatest demand.

What did we find?

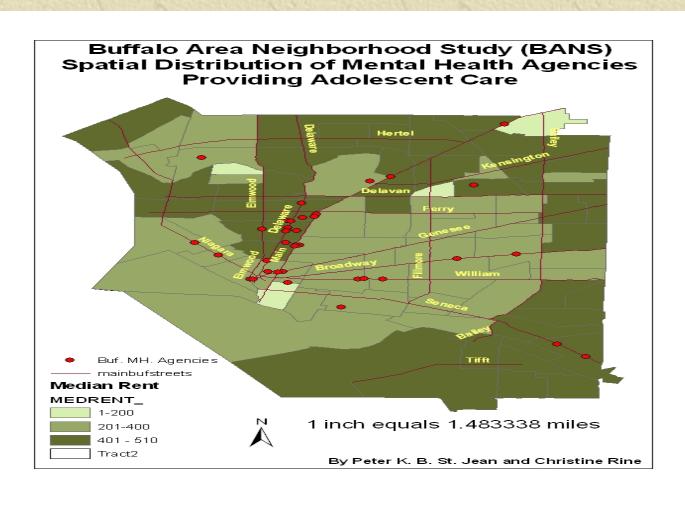
# Total Population



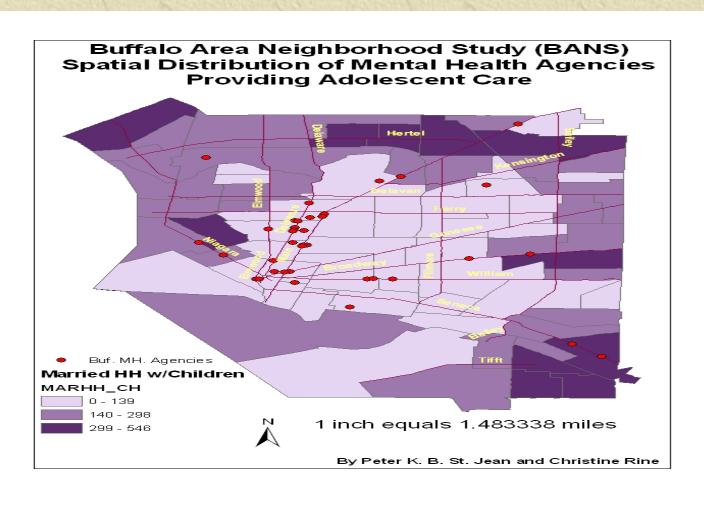
# Median Age



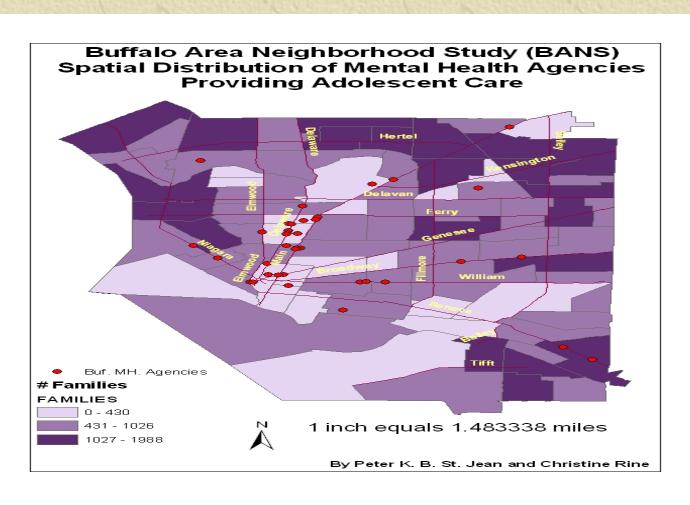
#### Median Rent



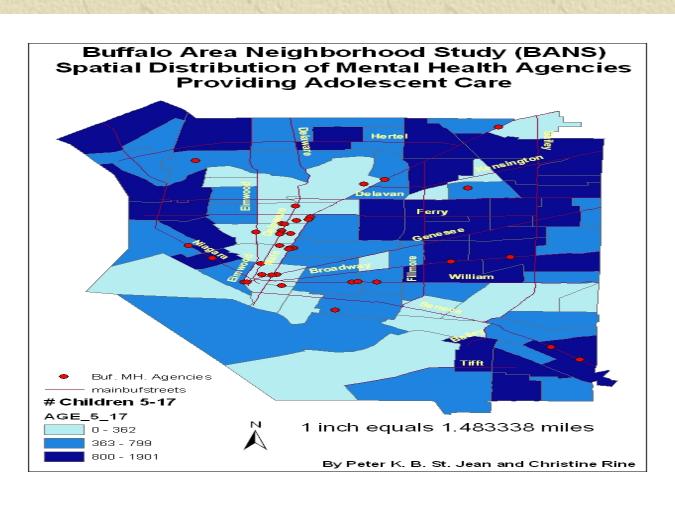
#### Married w/ Children



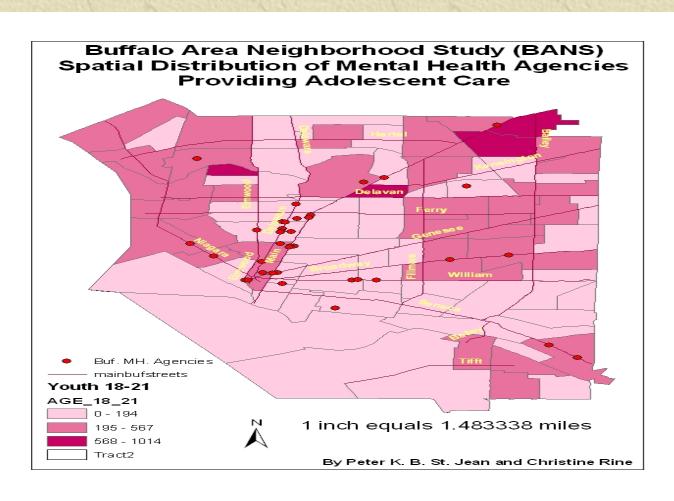
### Families



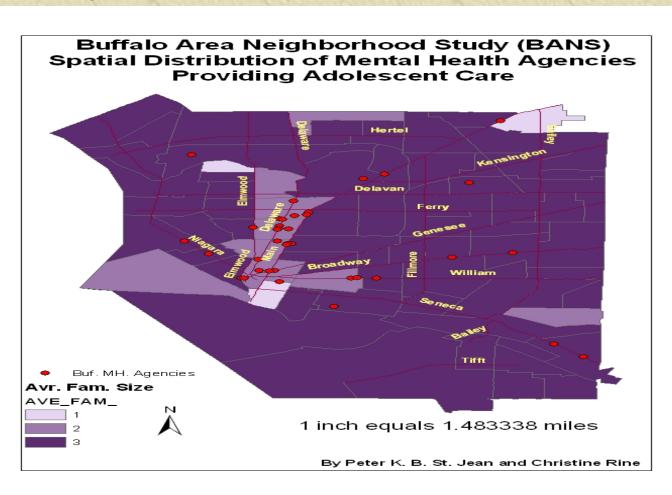
#### Children 5-17



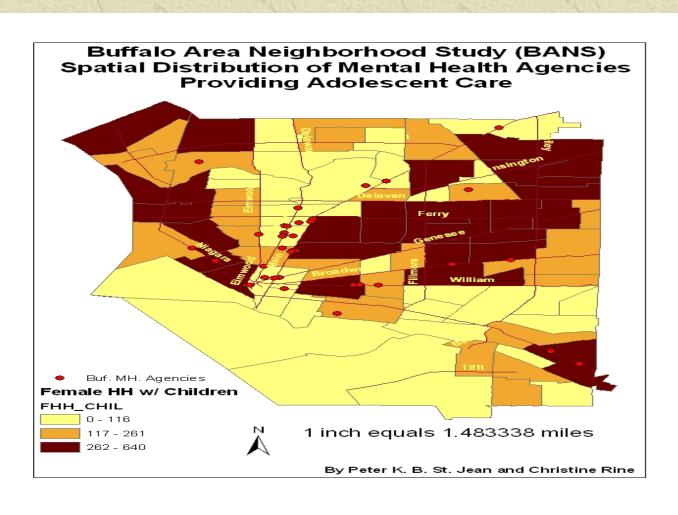
### Youth 18-21



# Family Size



#### Female Headed Households



## Preliminary Findings

- \*\* Preliminary findings suggest that of the 39 providers of mental health services for children and youth in Buffalo, NY, approximately 55% are located between Elmwood Ave. and Main St. (west to east) and between Ferry St. and William St. (north to south).
- Approximately 10 adjacent census tracts contain the majority of mental health services for children and youth in Buffalo.

- \*\* This narrow corridor of service providers encompasses neighborhood profiles containing heterogeneous populations while tracts that are predominantly populations who hold minority status or Caucasian appear to be under serviced.
- \*\* Children and youth residing in other heavily populated census tracts of Buffalo outside of this corridor have a considerable distance to travel to obtain mental health services.
- Main St. appears to be a sharp dividing line for service provision.

### **Implications**

- ★ Very few mental health providers are located in poor neighborhoods or those which mainly consist of populations who hold minority status – areas we hypothesized will be higher in demand.
- ★ Similarly, mental health providers are almost non-existent in affluent, predominantly Caucasian neighborhoods in Buffalo- areas we hypothesized will be lower in demand.

#### Future Research

- One implication for future research is that we need to determine the logic which has driven the placement of mental health service agencies in particular neighborhoods. Furthermore, how did they get concentrated in the Main St. Elmwood Ave., William St. to Ferry St. corridor?
- Perhaps most importantly, future research needs to determine the various ways that children and youth residing in high demand, and low access neighborhoods negotiate the tension, and the implications of those actions for recovery.